

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10666211</i>	FILING DATE
						APPLICANT	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	10	↓		↓		↓	
TOTAL DEP.	7	←		←		←	
TOTAL CLAIMS	17	[REDACTED]		[REDACTED]		[REDACTED]	

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